

What Does Your Child Eat?

Guidelines for Diet and Nutrition Screening for Children Ages Birth Through Eight Years

This tool helps to identify the child's risks for nutrition-related problems that may affect his/her growth and development.

State of California—Health and Human Services Agency

Department of Health Services
Child Health and Disability Prevention (CHDP) Program

What Does Your Child Eat?

Circle the foods your child *eats* every day or at least 3 times per week:

Baby Foods

Breast Feeding, Formula with iron, Cereal with iron, Beans, Tofu, Crackers, Egg, Honey, Corn Syrup

Breads, Grains, and Cereals

Rice, Soup Noodles, Tortilla, Cereal with iron, Pasta, Crackers, Bread/Bagel, Sweet Breads

Fruits and Vegetables/Vitamin A, C, Folic Acid, and Fiber Rich Foods

100% Juice, Strawberries, Cantaloupe, Mango, Peaches, Watermelon, Pineapple, Apple, Grapes, Pear, Orange, Tomato, Cauliflower, Dark Green Leafy Vegetables, Carrot, Squash (zucchini), Banana, Raisins, Broccoli, Bell Pepper/Chili, Cabbage, Salad, Potatoes/Sweet Potatoes, Green Beans & Peas, Corn

Milk Products/Calcium Rich Foods

Milk Shake, Whole Milk, 1% Milk/Skim Milk, Nonfat/Lowfat Cottage Cheese, Cheese, Calcium Fortified Soy Milk, Nonfat/Lowfat 100% Juice, Ice Cream, Calcium Fortified Tofu

Protein/Iron Rich Foods

Chicken/Turkey, Beef, Fish/Canned Fish, Taco, Ham/Pork, Egg, Peanut, Liver, Spaghetti With Meatballs, Tofu, Dried Beans/Lentils

Other Foods

Hotdog, Hamburger, Chips, Chocolate Bar, Candy, Pizza, Fried Chicken, Flavored Drink, Cookies, Fresh Fries, Burrito

Circle activities your baby or child does every day.

Drinks water?

Child's name: _____ **Record #:** _____

Age: _____ yrs _____ mos. **Wt:** _____ lbs. **Ht:** _____ in. **Date:** ____/____/____

Adapted from the Orange and San Bernardino Counties CHDP Programs
DHS 4035 A (10/03)

Office Use Only
Feeding milestones to check/visit

Baby: Birth to 24 months

Yes / No

- ☐ ☐ Breast-fed 8–12 times/24 hours during early weeks of lactation OR every 3–4 hours/day for older infants?
- ☐ ☐ Formula-fed w/iron no less than 20 ounces/day? Correct dilution?
- ☐ ☐ No honey/Karo Syrup until 1 year?
- ☐ ☐ 4–6 months: Start on baby cereal with iron?
- ☐ ☐ 5–7 months: Start on pureed vegetables and fruits?
- ☐ ☐ 6–7 months: Drink from a cup?
- ☐ ☐ 6–8 months: Start on pureed or ground meat, i.e., poultry, beef, pork, fish, egg yolk, beans, tofu?
- ☐ ☐ 7–9 months: Eats finger foods and mashed/chopped foods, NO grapes, nuts, popcorn, hotdogs, hard candy?
- ☐ ☐ 1 year: Drinks regular milk no less than 16 ounces/day?
- ☐ ☐ 9–12 months: Feeds self, joins family meal and snack times?
- ☐ ☐ 12–24 months: Eats variety of foods: small portions, i.e., 1–2 Tbsp., ½ c juice, ½ slice of bread.

Child: 2 to 8 years

Yes / No

- ☐ ☐ Eats recommended variety and amounts of foods daily for age from the food guide pyramid?

Mealtime/Others:

Yes / No

- ☐ ☐ Set meal and snack times?
- ☐ ☐ Brush teeth by himself at 7 years?
- ☐ ☐ Good food supply?
- ☐ ☐ Takes vitamins, iron, or fluoride?
- ☐ ☐ Growing normally according to his/her growth patterns?
- ☐ ☐ Does child play with or eat dirt, plaster, clay, and paint chips?
- ☐ ☐ Any food intolerances or allergies?
- ☐ ☐ Referral for identified nutrition problem? Where? _____

Activity:

- ☐ ☐ Actively plays every day, i.e., running, kicking, sports, 1 hour/day?
- ☐ ☐ TV viewing: 2 hours or less/day?

Food Stamps **School Lunch** **Head Start** **WIC**

Is the child being breastfed and/or formula fed with the recommended frequency and amounts?

Is the child started on solid foods at the recommended age and learning to eat and drink by himself as he/she gets older?

Is honey or Karo Syrup being given to the child during the first year?

The "Office Use" section identifies feeding milestones and key nutrition concerns to guide the staff to provide needed counseling and/or referral.

Are breads and cereals eaten daily for energy?

Are fruits and vegetables eaten daily, especially foods high in vitamin A, C, folic acid, and fiber? Are these foods offered for snack?

Are foods high in iron and protein eaten daily? Is child anemic or at risk for anemia?

Are dairy products eaten daily? If not, are other good sources of calcium eaten?

Are high fat/sugar foods eaten often?

Is the child actively playing everyday?

Is the child taking iron, vitamins, and minerals?

Is water offered daily, especially after active play?

Is the child qualified to receive help from local food resources?

Are mealtimes happy? Is the child eating regularly most of the time? Is the child at risk for eating disorders?

**Is the child eating a variety of foods daily from the food guide pyramid? Are serving sizes enough for a young child such as:
Cereal = ½–1 c,
Fruit Juice = ½ c,
Milk = 4 oz. and
Meat = 1–2 oz.**

Is the child at risk for baby bottle tooth decay and learning dental hygiene early?

Is the child at risk for lead poisoning or have food allergies or intolerances? Any nutrition referral done?